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Food & Nutrition

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NET AT THE



MARYLAND SCHOOL



FOR THE DEAF

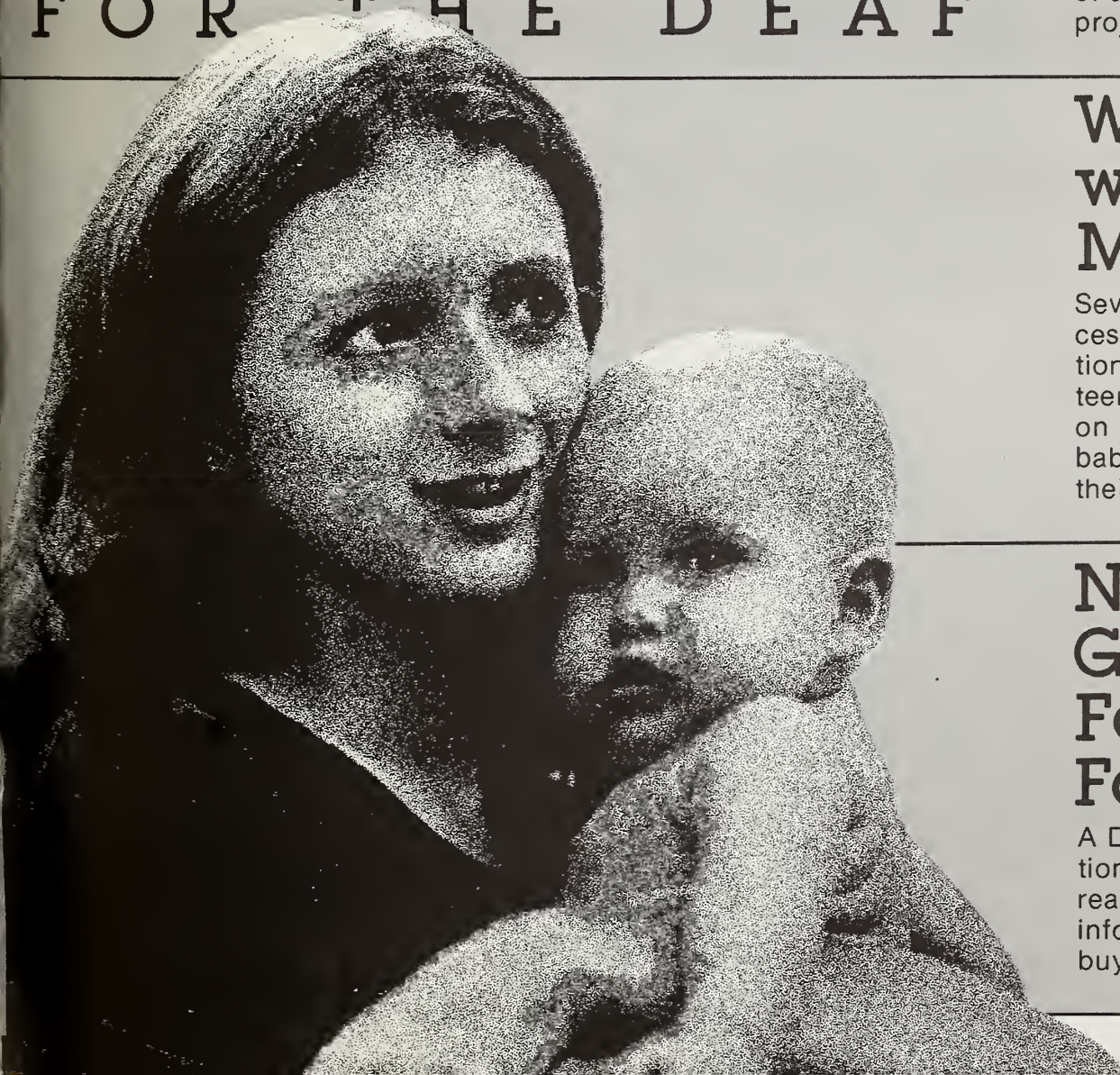
Parents, teachers and school administrators saw some changes in children's eating habits as a result of a nutrition education and training project begun last fall. **Page 2**

Working with Teenage Mothers

Several people share their experiences operating food help and nutrition education programs for teenage mothers. They offer advice on helping girls understand their babies' nutritional needs — and their own. **Page 8**

Nutrition Guidance for Food Stamp Families

A Department of Agriculture nutritionist is working on a new way to reach more food stamp families with information on nutrition and food buying. **Page 5**



You might think a school for the deaf is a quiet place. But it's not. You hear the same busy sounds of children learning, working, and communicating—except it's mostly without words.

Built in Frederick more than 100 years ago, Maryland's School for the Deaf stands as a model campus and a sophisticated educational institution for children from ages 4 to 20. Students come from all parts of the State and have hearing disabilities that range from impaired to profound. About 300 children live at the school during the week and return to their families on weekends.

The school throbs and moves with the kinetic energy of learning. Everyone—staff, students, support and maintenance personnel—are part of the team and use a "total communication" system to convey messages. Total communication is a philosophy that accepts any method of communication, including sign language, finger-spelling, speech, lip-reading, writing, body language, or a combination of several methods—whatever will work best.

In modern classrooms equipped with numerous educational aids, the children learn scientific concepts, mathematical equations, and social organization, all with a liberal emphasis on language development through total communication.



Students study nutrition, too

As a result of an addition to last year's curriculum, the children are also learning a new subject for the school—nutrition. Using the same communication techniques they use for other subjects, the students are studying important concepts about nutrition and how food contributes to their growing bodies.

This addition to the curriculum came about because of a happy coincidence. Just about the time the school administration and staff learned that Federal funds were available for nutrition education projects, a nutritionist who had recently moved to Frederick applied for a position with the school. Sarah Gregg is a public health nurse as well as a nu-

tritionist, and before moving to Maryland, she had worked with deaf children at the National Technical School for the Deaf in Rochester, New York.

When the Maryland State Department of Education awarded funds to the school through USDA's Nutrition Education and Training Program (NET), Sarah Gregg became nutrition education project coordinator.

In getting the project off the ground, Gregg first focused on determining the extent of nutrition awareness at the school and the resources already available. She also did a survey of schools for the deaf around the country.

"There were just a few that had some nutrition projects," she said, "but they were not written down to be shared. So we went ahead and put together a curriculum with a full scope to take us through the intermediate grades." Gregg later expanded the curriculum even further to include advanced grades.

The school integrated something on nutrition into all areas of study—including math, sciences, and social studies—but some classes focused specifically on nutrition education activities. The activities centered around language development and introduced the children to some new words as well as new concepts.

Not limited to classrooms

Because many of the children live in school dormitories during the week, opportunities for learning about nutrition were not limited to the classrooms or school lunchrooms. Gregg discovered that the dormitory snack bar was a prime area to effect some changes toward better nutrition.

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"The dormitory counselors had been trying for some months to elimi-

nate candy sales from the snack bar," Gregg said, adding that the only drinks available were sodas from a vending machine.

A committee made up of the dormitory counselors, student representatives, the cafeteria director, and the nutrition project director met and came up with a modified list of snack items. The snack bar began selling fruit juices and substituted fruits and nuts for many of the candy bars and other candy products.

Cafeteria manager Anna Savage agreed to include the snack bar list with the food orders for the food services. So the dormitories now order in bulk a variety of nutritious snacks, including fruits and juices, and price them to sell competitively with other products.

For the primary department, there was no snack bar at all, only a soda machine. Concerned about this, Gregg and the counselors helped set up a system like the intermediate de-

partment's, selling the same kinds of foods. In a matter of a few months, soda sales registered a dramatic drop. "Recently we compared how much soda they'd sold as compared to last year. We had a 22 percent reduction! And I attribute it to the other snack choices the kids had," the project coordinator said.

She continued, "There was difficulty in storing the fruit juices, so our parent-teacher-counselor association bought large refrigerators to put in the snack bars. This is what they used their activities funds for this year. It tells me they feel the nutrition effort is important and that they really want to support it."

Newsletter helps inform parents

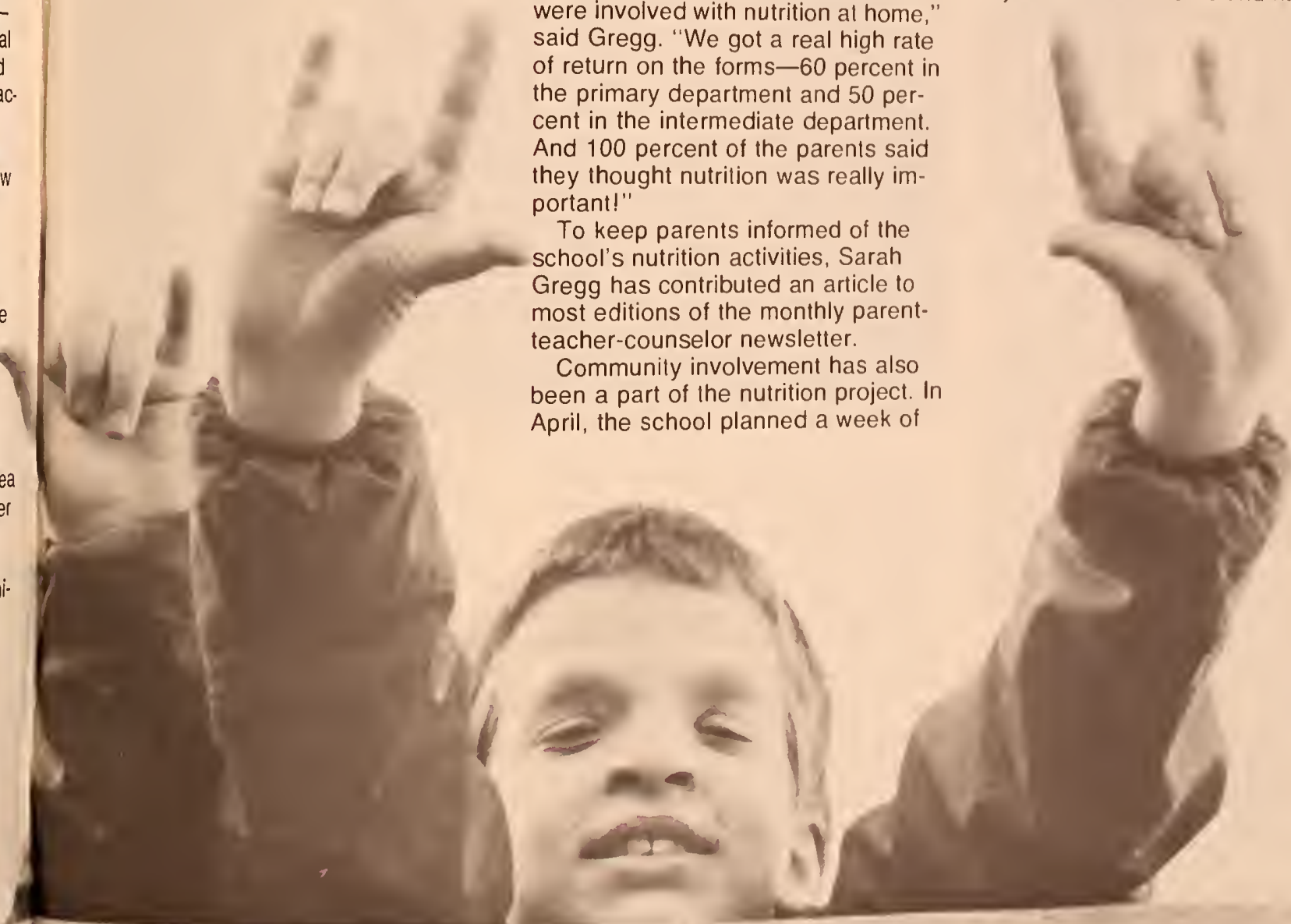
Throughout the project, the Maryland School for the Deaf has been eager to get parents involved. "At the beginning of the program we did a survey to tell parents about the program and also to find out how they were involved with nutrition at home," said Gregg. "We got a real high rate of return on the forms—60 percent in the primary department and 50 percent in the intermediate department. And 100 percent of the parents said they thought nutrition was really important!"

To keep parents informed of the school's nutrition activities, Sarah Gregg has contributed an article to most editions of the monthly parent-teacher-counselor newsletter.

Community involvement has also been a part of the nutrition project. In April, the school planned a week of



nutrition-related activities in cooperation with the local 4-H club. The highlight of the week came when the 4-H members brought in their animals for the children to look at and touch as they learned about care and han-



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dling. Later in the week, a specialist from the Maryland State Department of Agriculture showed how to prepare five different State fish, including trout and flounder. And a local meat cutter carved a side of beef into steaks and roasts.

"The children were really thrilled by the food demonstrations," said assistant principal Linda Amato-McCabe. "They haven't stopped talking about them. They realized the beef was no longer a cow. They touched the fish and realized where it came from. They hadn't seen a whole fish before, and they were willing to taste the prepared and cooked fish."

"We've had real success with this nutrition program," said Ronald Sisk, director of administrative services for the school. "It is really noticeable in the way the teachers and kids have responded. This type of nutrition education is something the kids really grasp and are very interested in—I think more than in other schools."

Parents see some changes

One excited mother reported: "My son has refused to drink milk since he was about 2½ years old. He always ate dry cereal, but wouldn't put milk on it at all. He wouldn't touch milk in



anything. Now he puts milk on his cereal, and he'll drink it because they told him in school that it would make his body grow and his muscles become stronger.

"Used to be, he wouldn't touch vegetables. Now he tells me he needs vegetables, must have vegetables for his body and muscles. The funny part of it is that he has grown 5 inches during this time. It just so happened that he was between 14 and 15, so nature helped things along. He's starting to look like a young man . . . I think the nutrition program is fantastic!"

The nutrition project at the Maryland School for the Deaf was one of 17 nutrition projects funded in Maryland last year through USDA's Nutri-

tion Education and Training Program. NET provides funds for a variety of nutrition education projects for children. It also provides funds for nutrition and management training for teachers and school food service personnel. For more information on NET, write: Nutrition and Technical Services Division, Food and Nutrition Service, U.S. Department of Agriculture, Washington, D.C. 20250.

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Supportive Services Department
Maryland School for the Deaf
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Frederick, Maryland 21701

by Ralph E. Vincent

Nutrition Guidance for Food Stamp Families

"Thirty-eight cents a meal for a healthy diet?"* That's the tough question tossed at nutritionist Ellen Garrahe again and again as she travels throughout New England training community workers to give nutrition guidance to food stamp families.

Garrahe talks about eating economically but well on a food stamp allotment. The people she trains include Extension Service aides, children's advocates, church and food bank volunteers, local food stamp staffs, and others who are in direct contact with food stamp families. Through these people, Garrahe expects to reach thousands of food stamp participants with practical information on how to shop wisely and plan nutritious low cost meals.

As early as 1964, food stamp legislation referred to nutrition education, but Ellen Garrahe is the first nutritionist in the Department of Agriculture's Food and Nutrition Service (FNS) to work directly with the Food Stamp Program in local communities. Her assignment grew out of the development of nutrition education materials called for by the Food Stamp Act of 1977.

In response to that law, USDA came out with two nutrition education aids—a bright yellow poster, "Your Diet Your Health," and a companion brochure, "Building a Better Diet." Marie Lubeley, director of Nutrition and Technical Services in FNS' New England office, felt they could be supplemented with additional and more personal nutrition education activities.

"Nutrition education is not as simple as putting a brochure on a desk or a poster on a wall," Lubeley says. "People need support in learning about the relationship between diet and health . . . particularly people with very little money to spend."

Traditionally and by law, Cooperative Extension aides work directly with food stamp families seeking nutrition assistance. But, because Extension's methods are often based on one-to-one or small group contact with families, in many areas the aides can only reach a fraction of the households receiving food stamps.

Lubeley's idea was to try to reach more families by involving additional people in the nutrition education process. With training, she felt, food stamp workers, community action groups, and other service people could offer some of the same kinds of help nutrition aides offer in many communities.

Making teaching more personal

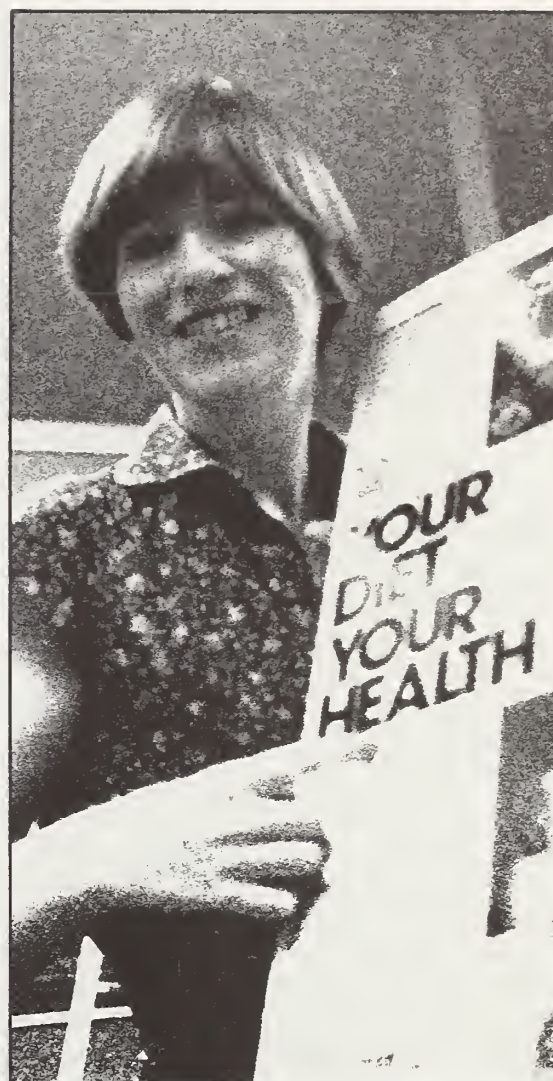
In Maine, where 15 percent of the State's population receive food stamps and there are only 59 Extension workers, Extension leaders welcomed the opportunity to take part in launching such a project.

Extension people paved the way for Ellen Garrahe to conduct 10 training meetings in the State between May and July of this year. They selected the sites, from Presque Isle on the Canadian border to Portland, over 300 miles away. They identified and invited the people who could best use the training, and they found space to meet.

By the end of July, Garrahe had met with over 300 people who together have contact with as many as 6,000 food stamp participants. She is now leading similar training sessions elsewhere in New England at the request of State food stamp outreach coordinators, community action agencies, food stamp advisory committees, and other groups.

To reach food stamp families directly, she has also spoken on several radio shows. She finds that newspaper editors as well as radio station managers are eager to bring general audiences the same hints on controlling food budgets she gives food stamp participants.

As a veteran of 3 years with Extension in Massachusetts, Garrahe is



accustomed to talking with food stamp families and is touched by the economic pressures they face.

"When I was warming up for this project, I met with a group of eight food stamp participants in Haverhill, Massachusetts," she says.

"I demonstrated making chili from a low cost recipe, and as it cooked, I was talking about diet and health. Suddenly, one of the women began to cry and left the room. Later, I learned that three of her four children were sick, and she couldn't afford the juice the doctor had recommended. She understood that food is important to health, but that didn't help."

This incident took place on the 25th of March, a significant date because toward the end of the month, many low-income families find it especially hard to make ends meet. Knowing the difficulties they face, Garrahe's challenge is to help food stamp families and those who work with them find ways to reconcile 38 cents a meal with nutritional needs.

*The average food stamp benefit is less than \$35 per person per month, which works out to be about 38 cents per person for each meal.

In designing the training project, the Food and Nutrition Service regional staff was particularly interested in reaching people who are in touch with the elderly, the disabled, and with families who are uncertain about how to plan nourishing well-balanced meals on a tight budget.

Groups are fairly small

At most training sessions, there are usually about 30 people, including someone from the area's council on aging, some nutrition aides from Extension, some visiting nurses or public health nurses, and at least one person from the local food stamp office. Generally, there are also people from community action agencies, from Head Start, and from the local WIC program—the Food and Nutrition Service's Special Supplemental Food Program for Women, Infants, and Children.

Occasionally, the groups are larger. One of Garrahie's last meetings in July was with a group of 100 elderly volunteers in Houlton, Maine. The volunteers were from surrounding communities and they work with other elderly people at communal meal sites, at senior citizen's centers, and in private homes.

Garrahie finds that planning on a tight budget is the main concern of workers just about everywhere she goes. Some workers already provide nutrition guidance to the food stamp families they see, and they express frustration with the double task of planning a wholesome diet within the food stamp allotment and trying to change deep-rooted habits at the same time.

Garrahie conducts meetings with an open format, allowing free flowing discussion and permitting frustrations to vent when necessary. She focuses the meetings on planning good diets, but also sees value in letting the group bring up other food-related concerns.

The talk ranges from the difficulty of feeding teenagers on a small allotment, to the social isolation of the mother on Aid to Families with Dependent Children, to whether or not government should suggest what foods are best for people to eat.

The elderly volunteers in Houlton were particularly interested in learning more about the special nutrition needs associated with aging. And, compared with other groups, they asked more specific questions on the nutritive values of particular foods.

Local shopping list helpful

Credibility is Garrahie's strong point when she talks about an economical diet. The evening before a meeting, she shops in a local supermarket. She then writes up a weekly shopping list as a basis for discussion.

Her greatest difficulty in planning, she says, is that while she always uses the same budgetary limit, food prices vary greatly from place to place and from season to season. In Maine, for example, prices are considerably lower in Portland, which is a distribution center, than they are in the capital, Augusta, only 65 miles away. In many parts of the State, stores raise their prices in the summer to profit from the vacation trade, presenting special hardships for families on fixed budgets.

During the training sessions, participants list together the strategies they use when advising food stamp families on how to make the most of their grocery money—shop with a list; buy generic or house brand products; read the ads in the newspapers; and when possible, use coupons offered by stores or with products.

Many workers say it's especially helpful when stores give out flyers announcing special buys for the coming week. "Most food stamp families don't buy newspapers, so they need the flyers to make lists before they come to the store," said a public housing home aide at a recent session.

Each participant gets a folder

Each training participant gets a folder full of materials Garrahie has assembled for use during and after the sessions. Included are: examples of some low-cost meals; a 1-month

menu cycle with recipes; a sheet of basic shopping tips; the USDA brochure, "Building a Better Diet," and a general pamphlet on how to apply for and use food stamps. So that people can request additional copies of these materials, the folder also includes an order blank, which has space for people to describe their plans for using the materials.

Garrahie is teaching community workers *how* to teach as well as helping them decide *what* to teach. She believes in the "single concept message," and she advises workers to keep messages very simple and concentrate on one topic at a time.

"I tell them not to bombard food stamp families with information," she says, "and I suggest they make information relevant to the family's needs at that particular time. For example, if a family is having a problem choosing snacks for the children, the worker can focus on that."

She talks a lot about what ways are most effective in getting messages across. She reminds her audience that people retain 10 percent of what they *read*, 30 percent of what they *see*, 50 percent of what they *hear*, 70 percent of what they *watch demonstrated*, and 90 percent of what they *do*.

In her work with the training and in her own work with families, Garrahie has had opportunities to see changes in food attitudes in recent years. She feels the combination of economic pressures and better nutrition information has led people to explore new ways to meet their nutritional needs.

"One change," she says, "is more widespread recognition that potatoes are an economical food with good nutrient value. Whole grain breads are also coming up. And dry milk—when mixed to stretch regular milk—has become more acceptable to many people."

All the news isn't good, however. Recently, Garrahie surveyed people waiting in a food stamp office to learn if they thought diet has an effect on health. Most thought there was no relationship.

For a June meeting in Portland, Maine, here is what she listed as some examples of economical buys from the basic food groups. The list was for a family of four — two adults, two children. Usually, her costs are higher.



2 pounds carrots	\$.50
1 pound fresh tomatoes	\$.59
6¼ lbs. potatoes	\$.75
1 head romaine lettuce (12 ounces)	\$.39
1 pound onions	\$.33
4 cucumbers	\$1.00
3 pounds bananas	\$1.00
2 pounds cabbage	\$.58
1 pound tomato sauce	\$.34
4 cans of green beans	\$1.08
1 can of peaches	\$.63
½ gallon orange juice	\$1.09



18 ounces wheat flakes	\$1.09
1 pound enriched rice	\$.40
2 pounds enriched macaroni	\$1.04
3 pounds enriched flour	\$.54
7 pounds enriched bread	\$3.44



2½ gallons milk (dry)	\$2.39
2 pounds American cheese	\$3.80



3½ pounds chicken (whole)	\$2.27
5 pounds ground beef	\$6.40
1½ dozen large eggs	\$1.16
2 pounds dry beans	\$1.10
2 pounds peanut butter	\$1.40

As Garrahie explained to the group, the list does not represent an official recommendation from USDA, nor does it necessarily include what Garrahie herself would recommend. For example, had fresh green beans and fresh peaches been available and good buys, she would have recommended them instead of the canned items. She suggests people buy fresh fruits and vegetables as often as they can.

In a separate column on the Portland list, Garrahie included items she calls "extras" — things like margarine, mayonnaise, vegetable oil, jelly, and sugar. She tells workers this column of "extras" can offer opportunities for nutrition education. For example, they can recommend that families be moderate in using sugar and point out that high-sugar snacks may be costly while contributing little of nutritional value.

"For instance," says Garrahie, "they can show families that fruits like bananas and oranges can be less expensive per unit than brownies."

Wherever she goes, Garrahie bases her shopping list on the budgetary constraints of a family of four getting \$209 in food stamps per month. Currently \$209 is the maximum food stamp allotment for a family of four with little or no income.

Local planning and follow-up

Garrahie's efforts currently focus on expanding the project to other New England States and on following up in Maine to see how people are using the training. One thing that will help her follow up is the emphasis Garrahie has placed on planning at the local level.

"At each training meeting," she says, "the group comes up with a local action plan as a basis for continuing to work together." Some counties are already very organized, she says, and some have decided to

include nutrition education on the agenda for monthly food stamp meetings.

Garrahie expects to have the training project started in all New England States by next spring, but how she will expand it to other States will vary. A lot, she says, will depend on the State food stamp outreach coordinators, with whom she works closely.

Often it's the food stamp outreach coordinators who invite Garrahie to their States. After attending one of Garrahie's sessions in Maine, New Hampshire's outreach coordinator asked her to lead meetings in six places in his State. In October, Garrahie will have an opportunity to talk about the project as a panel member

at the national food stamp directors' meeting in Hartford, Connecticut.

For more information, write to Ellen Garrahie at this address:
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New England Regional Office
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Burlington, Massachusetts 08013

by Catherine Tim Jensen

Wom Teen





Working with Teenage Mothers

Teenage pregnancy. Some say it's "epidemic".

According to the March of Dimes Birth Defects Foundation, about 1 million U.S. teenagers become pregnant each year. Nearly 600,000 teenagers give birth, and 9 out of 10 keep their babies.

The Alan Guttmacher Institute, the Research and Development Division of Planned Parenthood Federation of America, says teenagers account for about one-fifth of the total births in the U.S. They account for many of the problem pregnancies, too.

The Institute says the maternal death rate for women who become pregnant before age 15 is 60 percent higher than for women who become pregnant in their early 20's. For women age 15 to 19, the death rate is 13 percent higher than for women in their 20's.

The Institute also reports that: "Adolescent mothers are 1.3 times more likely to suffer from nonfatal anemia or toxemia as the result of pregnancy or birth than women 20-24, and [they] are also somewhat more likely to have complications during labor or as a result of a premature birth. Among other risk factors, pregnancy among very young teenagers depletes nutritional reserves needed for their own growth, and thus places them at higher risk for a variety of ills."

Higher risks for babies

Not only are there health risks for these young mothers—there are risks for their babies, as well. The March of Dimes Foundation says death rates for babies born to mothers under 18 are nearly twice the rates for babies born to mothers age 20 to 29.

The Foundation notes that the most immediate health risk for the child is low birth weight. "Babies born to teenagers are often born too small, even if they are carried to term. Often they are premature, an additional health threat."

The March of Dimes says that for low weight babies, the risk of dying in early infancy is 17 times higher than for normal weight babies of 5½ pounds or more. In addition, low-birth-weight babies are more likely to suffer from mental retardation and congenital malformations. They may have immature organ systems (heart, lungs, and kidneys) and difficulty controlling their body temperatures and blood sugar levels.

Nutrition plays important role

There's plenty of evidence of the importance of good nutrition during pregnancy. In a 1970 report, "Maternal Nutrition and the Course of Pregnancy," the National Academy of Sciences highlighted some particularly interesting findings.

"The experience in Great Britain during World War II, when pregnant women were given special priority under the food rationing policy, was most dramatic," the report said. "During this period, the still-birth rate fell from a previously rather stable figure of 38 per 1,000 live births to 28, a fall of about 25 percent during a period when many aspects of the physical environment were deteriorating."

The same study states: "Such evidence as there is on the nutritional status and food habits of adolescents,

pregnant or nonpregnant, suggests that dietary habits are often bizarre and that intakes of iron, calcium, vitamin A and ascorbic acid tend to be particularly inadequate."

If pregnant teenagers are generally considered to be a high risk group with poor eating habits, their risks are further compounded if they have low incomes and cannot even afford the proper foods.

Food help and education

In the following pages we take a look at some of the ways people are using food and nutrition education programs to help teenagers minimize risks to themselves and their babies. Several of the people featured are nutritionists and health professionals working with low-income teenagers participating in the Special Supplemental Food Program for Women, Infants and Children (WIC).

Of all the food programs administered by USDA's Food and Nutrition Service, WIC can be particularly helpful to pregnant teenagers and teenage mothers who are threatened by low income and poor nutrition. The program not only provides them with individually prescribed packages of foods high in the nutrients they and their children need most, it also provides them with nutrition education to help improve poor eating habits and food use. And, because WIC is operated in most instances by local health agencies, young mothers and their children get both food help and nutrition education in a health care setting.

People working with teenagers often face special challenges. How do you gain their trust? How do you motivate them to learn about food and improve their diets? How do you help them understand what they can do to protect their babies' health—and their own? Here are some of the methods used by people working in various parts of the country:

“When you’re trying to talk to a teenager, it’s very difficult for her to fully understand the importance of her diet. Many of these teenagers don’t understand what’s going on in their own bodies. They don’t understand how they got pregnant. They don’t understand where the baby is growing . . . You’ve really got to get down to basics with some of these kids.”

Complications clinic makes sure teenagers understand “the basics”

The medical center of the University of Alabama in Birmingham has a complications clinic for high risk pregnant women. Many of their clients are teenagers.

Peggy Davis, a nutrition consultant for the Jefferson County Department of Health, counsels patients at the clinic and certifies them for the WIC Program. She described some of the nutrition-related problems she sees among the clinic’s teenage patients.

“Many of the girls have low iron levels,” she said. “Another problem I see is inadequate weight gain. Many girls are very figure-conscious. For many months of their pregnancy they may try to hide the fact that they’re pregnant. They severely restrict their calorie intake so they won’t gain weight, and this can affect the birth weight of the baby.”

“When you’re trying to talk to a teenager, it’s very difficult for her to fully understand the importance of her diet,” Davis said. “Many of these teenagers don’t understand what’s going on in their own bodies. They don’t understand how they got pregnant. They don’t understand where the baby is growing. I’ve had them talking about the baby growing in their stomach.

“And so I use a lot of pictures with them. I’ve got some picture books . . . that show the stages of pregnancy . . . and where the baby’s growing in relation to the other parts of the body. You’ve really got to get down to basics with some of these kids.”

A prenatal pamphlet she uses gives a breakdown of the weight expectant mothers should gain during pregnancy. “This is really important,” Davis said. “The girls always think, ‘If I gain 24 pounds, 7 of it’s going to be the baby, and the rest is going to be me.’” Once they understand where the weight really goes and how much the baby needs to be healthy, she said, they are more likely to eat.

Timing is important

Davis said she might not give a girl a lot of nutrition information all at once, because many just aren’t interested. “Many times it depends on their stage of pregnancy. If they’re having a lot of nausea, that’s not the time to talk to them about how they need to be eating. It’s more important to talk to them about their specific problems and concerns,” she said.

“I try to develop a rapport with them,” she continued. The girls come to the clinic once a week, and Davis sees them every time. She likes to certify them for WIC first.

“Certifying them for the WIC program is really good because many of them have heard about the WIC program, and they want the benefits of it.” When you certify them for WIC, she said, “they feel like you’re helping them, and that opens up communication.”

When working with these girls, Davis uses nontechnical terms—“womb” instead of “uterus”, “after-birth” instead of “placenta”. She tries to keep her meetings short. If the girls don’t follow her advice, she tries “not to be too judgmental.”

“I can’t come across like that to these kids,” she said. “I have to try to make them understand the responsibility they have to their unborn child. I give them as much reading material as I can. And when I’m talking to them, I try to make it as simple as possible.

“Usually when they get to the end of their second trimester or the beginning of their third, they’re really coming around. Many of them are interested and want to take care of their babies.

“I think the most important thing in working with this age group is to show genuine concern,” she said. “These kids are pretty sharp. They know when somebody’s insincere. That’s really the key to working with these girls--being compassionate.”

For more information, write:
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Jefferson County Department of Health
P.O. Box 2646
Birmingham, Alabama 35202

Staff of the Teen-Tot Clinic use individual and group counseling

The Children’s Hospital in Birmingham, Alabama, has a Teen-Tot Clinic that serves infants whose mothers are age 15 or younger at the time of delivery.

The clinic is one of several health services provided for children and adolescents by the Jefferson County Children and Youth Project (C&Y). The C&Y Project is funded by the U.S. Department of Health and Human Services. Through C&Y, the Teen Tot Clinic gets funds as well as staff support.

The clinic has an interdisciplinary staff that includes a pediatrician, a social worker, a nutritionist, a psy-

chologist, and a pediatric nurse practitioner. Staff members provide health care services for the children during their first 18 months. They also teach the girls parenting skills and sometimes talk with other family members and the father as well.

"We focus on the mother because we want to help her become a good mother, but if there's a grandmother involved, or a father, we ask the mother to invite them to the clinic said Janice Fletcher, the social worker at the Teen-Tot Clinic.

Meetings held at hospital

The clinic is open three mornings a week at the hospital. The mothers arrive with their children between 8 and 8:30 a.m. and register. There is an informal 30 to 45-minute group discussion about various aspects of parenting and child care, then a doctor examines the babies, and other professionals counsel the girls.

"From my standpoint, the thing that's worked best in the clinic was something we originally thought was a great handicap," said Dr. William A. Daniel, director of the C&Y Project and professor of pediatrics at the University of Alabama in Birmingham.

At first, he explained, they didn't have enough space. "All these girls came, and we had to crowd them in...so that they were literally jammed together. We thought it was just horrible, but it was the best we could do at the time. What we found was it forced them (the girls) to talk to each other.

"We had some girls who really paid absolutely no attention to their babies. You could tell--that kid got nothing. They obviously didn't think much of themselves, either, because they didn't try to look even half-way decent.

"But, gradually they began to change, and they'd play with the

babies. They got so they were interested in them and took care of them. And then they began to fix themselves up--they wanted to look like everybody else. They had role models."

Most participate in WIC program

During their pregnancies most of the mothers were participating in the WIC Program, and most of their children are taking part now. There is close cooperation between the staff at the Teen-Tot Clinic and the Jefferson County Department of Health, which administers the WIC Program.

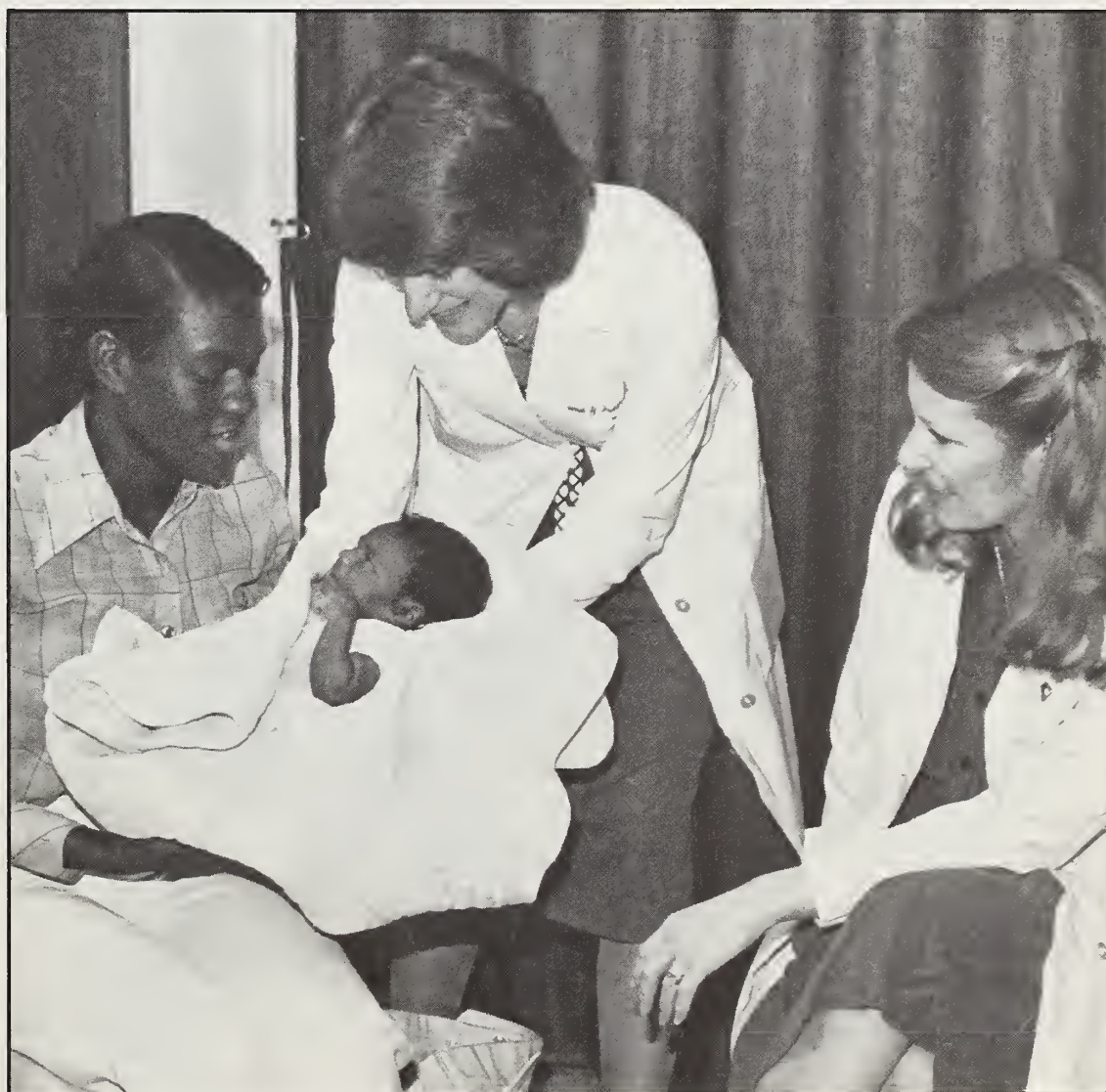
For instance, Ellen Kirkpatrick, nutritionist for the C&Y Project, sends information on the infant's height and weight along with blood test results to the health department. That way tests

don't have to be repeated, and the child doesn't have to be evaluated twice.

And the two agencies are careful to give the same nutrition information to the girls. As Harriet McIntosh, Jefferson County's nutrition service coordinator explained, "We would never contradict anything Ellen is doing. Primarily the girls are Ellen's patients for nutritional care." Her staff recertifies them for WIC and reinforces the nutrition information they get at the Teen-Tot Clinic.

Group setting is helpful

Kirkpatrick teaches nutrition through both group discussions and individual sessions with the girls. In the group situation, she often uses things the children are doing at that



time—like eating snacks or teething—to trigger discussions.

Diane Key, pediatric nurse practitioner for the C&Y project, described how they handle the discussion when a wrong answer gets tossed out. "What we generally do is not depend on one mother for an answer. We ask for a group of answers, and then we discuss the best responses. We get into the pros and cons, so that nobody feels like they're being picked on. In fact, everybody usually forgets which mother said what."

When doing individual counseling, Kirkpatrick said she tries not to inundate the girls with information. She sees them at intervals, and breaks down the information according to their babies' growth.

Staff offers some suggestions

Here are some suggestions the clinic staff made for those working with adolescent mothers:

Evaluate each teenager and see how mature her thinking process is. By age 15 or 16 teenagers may be beginning to think abstractly, but you have to be very specific and concrete with the younger girls.

Find out what they already know, and begin teaching from there. Don't make assumptions about what they know.

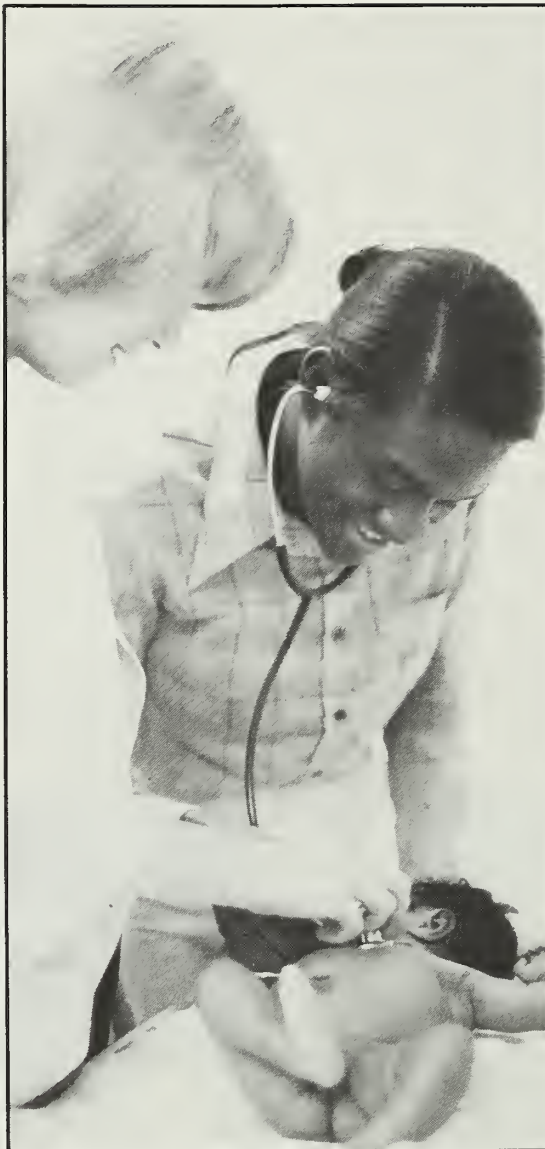
Use repetition and follow-up. Temper your remarks with understanding and concern.

Establish trust. As one staff member explained: "Lots of teenagers will do something because they like you—you're their friend, you've built up trust."

Be authoritative without being authoritarian.

Teach them to reason for themselves and handle situations. Don't make them too dependent.

Foster peer relationships. As another staff member said: "That's so important for a teenager. And especially for a teenage mother, so she



doesn't feel like she's the only teenage mother in the world."

Have a good balance of patients and staff, so there can be an informal group discussion rather than a lecture situation. But don't overwhelm them with staff.

Be aware of body language. Sit down and be eye level with the girls, rather than standing up.

Because the county is so large, the Jefferson County Department of Health recently started a Teen-Tot Program at the Bessemer Health

Center. The Bessemer program, modeled after the Teen-Tot Clinic at Children's Hospital, provides the same type of services for residents at the other end of the county.

For more information, write:
Children and Youth Project
1630 Sixth Ave., S.
Birmingham, Alabama 35233

Nursing students make teaching personal

At Troy State University's School of Nursing in Troy, Alabama, students worked with pregnant teenagers last year, teaching nutrition as well as general maternity care. The students were undergraduates taking a maternity nursing course, and they worked in pairs with pregnant adolescents from the surrounding community.

This was part of a developmental project funded under the Food and Nutrition Service's Nutrition Education and Training Program (NET) and administered by the Child Nutrition Programs staff of the Alabama Department of Education. The project was scheduled to be completed by September 30.

"The project was designed to see whether a nurse-partner working with a girl on a one-to-one basis would make an impact on the girl's nutritional habits," said Patricia Starck, Dean of the School of Nursing.

Some other goals of the project were: to assess the nutritional habits of pregnant teenagers and motivate them to eat better diets; to train nursing students to teach nutrition to pregnant adolescents; and to produce materials that can be used by health professionals working with pregnant teenagers.

“We tried to relate the nutrient needs to what was occurring inside the mother. But we had to adjust what we taught to their lifestyles, or they wouldn't even have tried it Rather than trying to change their present habits as to when, where and how much they ate, we tried to pick out the good points of what the girls were doing and added to that.”

Adjusted what they taught

Each participating adolescent attended two group meetings and received eight home visits from two student nurses. In teaching the girls, the student nurses started with the basic concept of food groups. “We tried to relate the nutrient needs to what was occurring inside the mother,” said Susie Stokes, one of the project directors. “But we had to adjust what we taught to their lifestyles, or they wouldn't even have tried it.”

Therefore, they stressed eating a variety of foods, rather than sticking to a rigid diet, and suggested alternatives to snack foods of little nutritional value. “Rather than trying to change their present habits as to when, where and how much they ate,” Stokes said, “we tried to pick out the good points of what the girls were doing and added to that.”

Janice Nelson, the other project director, stressed the value of having nursing students work with adolescents. “Teenagers discuss things more easily with somebody nearer their own age.”

For more information, write:
Troy State School of Nursing
Eldridge Hall
Troy, Alabama 36081

Workshop looks at changing attitudes

In April, the University of South Carolina's School of Public Health held a 3-day workshop entitled “Nutrition in Pregnancy for Southern Adolescents.” The workshop was supported by a grant from the Bureau of Community Health Services of the U.S. Public Health Service.

It was designed for nurses, health educators, social workers and nutritionists who work with pregnant adolescents in maternity clinics and nutrition education programs.

In an interview, workshop coordinator Joanne Fraser, associate professor with the university's school of public health, discussed some of the nutrition education concepts covered in the training sessions.

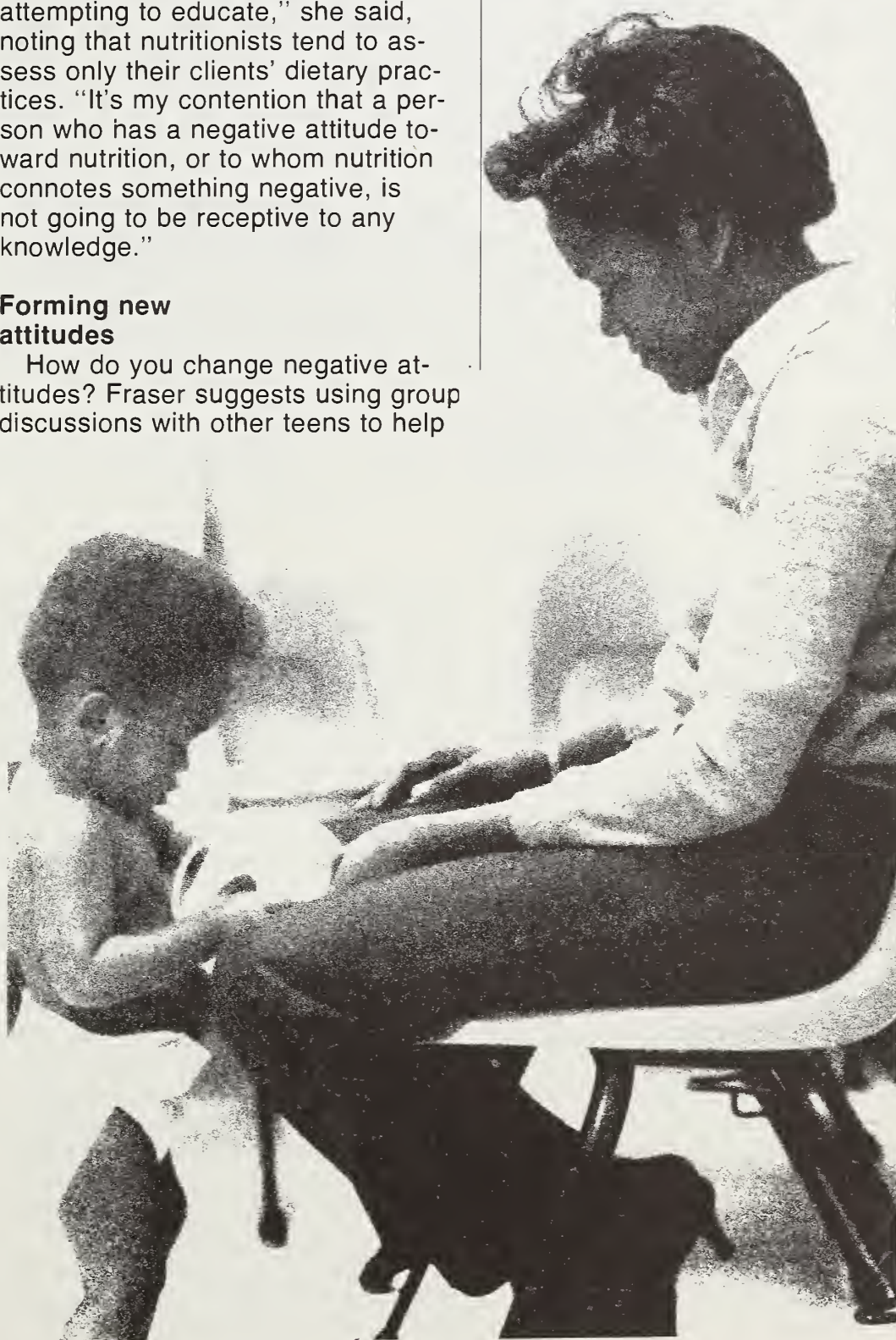
“You really have to look at the existing knowledge, attitudes, beliefs and practices of the person you're attempting to educate,” she said, noting that nutritionists tend to assess only their clients' dietary practices. “It's my contention that a person who has a negative attitude toward nutrition, or to whom nutrition connotes something negative, is not going to be receptive to any knowledge.”

Forming new attitudes

How do you change negative attitudes? Fraser suggests using group discussions with other teens to help

girls clarify their own values.

“Teenagers are at a time in their lives when they're attempting to sort out what they believe and why they believe it, and so often they are negative and resentful of authority being imposed. They're more receptive to a methodology that helps them clarify how they feel, how their peers





“ A teenager is still forming her own identity, and may not be ready to think about another being Many times the girl is mostly concerned about her body image and herself and what's happening to her. ”

feel, and what the reaction of their peer group is,” she said.

She recalled the findings of a study that asked teenagers who they would like to have talk to them about being a mother. “They wanted another teen mother. They were more receptive to the opinions and experiences of a peer than to an adult.”

Fraser said it's important to consider the girl's stage of emotional development. “A teenager is still forming her own identity, and may not be ready to think about another being Many times the girl is mostly concerned about her body image and herself and what's happening to her.” When talking to a pregnant adolescent, she said, it's important to stress that the nutrition is for her as well as for her baby.

Invite family members, too

It's also valuable to get a support person, like the girl's mother or the

father of the child, involved in the nutrition education process. Fraser pointed out that if the girl is living with her parents, and her mother is not preparing nutritious foods, it's difficult for the girl to get a well-balanced diet no matter what she's learned about nutrition. She suggested counseling the family as a unit or having the girl bring family members to group discussions.

Fraser also suggested using the techniques of “active listening and reflective response.” She explained it this way: “A lot of times when a teenager comes to a clinic...she responds negatively to something just to test, just to see what the response will be.

“You really cannot solve that teenager's problem for her. It's not your problem, it's her problem, and she's got to solve it in a way she can live with. You can't do it for her.

“By offering her solutions, you are setting up a barrier to communication. So instead, you actively listen. You

accept her exploration of the problem and then you reflect back to her that you understand.” Otherwise, she said, the teenager may be negative just to assert her independence.

For more information, write:

Dr. Joanne G. Fraser
Associate Professor, Department of
Health Education
School of Public Health
University of South Carolina
Columbia, South Carolina 29208

YMED Program offers a variety of services

In Syracuse, New York, the Young Mothers Educational Development (YMED) Program provides a variety of services for girls who are pregnant or have recently delivered. The girls are under 21, have not yet graduated high school, and want to continue their education.

YMED is sponsored by the Health Department of Onondaga County, the Syracuse City School District, and the Upstate Medical Center. It provides girls with medical care for both themselves and their infants, the opportunity to continue school, and a variety of other services.

While the girls attend YMED, their infants may be cared for in nurseries located in the same building. Mothers spend at least 1 hour a week working in the nurseries, learning how to care for their infants. Eventually most of the girls return to classes at their regular schools.

Participate in FNS programs

All the girls and their children participate in the WIC Program. The



local WIC staff visits YMED at the first of the month for certification and to distribute food vouchers.

In addition, girls attending YMED take part in the National School Lunch and School Breakfast Programs. Elizabeth Dodd, YMED's nutritionist, adapts the lunch and breakfast menus to meet the special nutrition needs of pregnancy.

Dodd also teaches three classes a week on nutrition as part of a health education course. One class, for girls in their first through sixth months, deals with nutrition as it relates to pregnancy. Another class, for girls in their seventh through ninth months, deals with nutrition for the child. A third class, for girls who have delivered, concentrates on good nutrition for the mothers, many of whom want to lose weight.

When teaching nutrition to teenagers, Dodd said, "I think you have to have a lot of patience and a lot of empathy. You need to understand that this is a period when they want to be independent. They don't want to be *told*." She noted that the girls seemed more interested when she talked about the baby's nutritional needs than their own.

Girls work at own levels

Dodd uses a variety of teaching tools, including food models and films. Since the girls vary in both age and ability to understand subject matter, she likes to give them folders with various teaching materials, like puzzles and quizzes.

"I can make it individual for each girl, and this seems to work out best," Dodd said. "They seem to enjoy working on their own--because they can work at their own level and their own speed."

For more information, write:
Young Mothers Education Development Program
644 Madison Street
Syracuse, New York 13210

by Linda Klein

Letters

More on family day care in Lewiston, Maine

The article in your February issue on our family day care network has brought us several inquiries from across the country. Many have asked us to forward our material on the block menu system. We would be glad to share this material, which has been updated to conform to the new regulations. People should send a self-addressed large manilla envelope with three 15-cent stamps on it to me, and I'd be glad to send this material to whomever wants it.

Carolyn B. Davis
Director, Child Development Services

DHRS - Family Day Care
382 Sabattus Street
Lewiston, Maine 04240
(207-784-0157)

From the South Carolina lead screening project

The article 'Preventing Lead Poisoning: WIC Clinics Help Reach Children at Risk' which appeared in the June 1980 issue should be very helpful in promoting erythrocyte protoporphyrin (EP) and lead screening in clinics. The staff of the Childhood Lead Poisoning Prevention and Control Project are delighted with the publicity...

Thank you for your help.

Carole Gibbs
Health Educator
S.C. Childhood Lead Poisoning Prevention and Control Project

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